

NOTIFICATION OF TRANSFER TO A STATE-LICENSED PROGRAM FOR DRIVING-UNDER-THE-INFLUENCE (DUI) OFFENDERS

INSTRUCTIONS: When a participant requests a transfer to another state-licensed DUI program, the sending program is to complete Sections 1 - 7, and the Participant Information Summary on the reverse, and forward to the receiving program. The receiving program shall complete Section 8 and return a copy of the form to the sending program, with a copy to the court of conviction, as confirmation of the participant's enrollment within 14 days and commencement of services within 21 calendar days from the date of the last activity in the sending program.

1. NAME OF PARTICIPANT

(Last) (First) (Middle)

2. SENDING PROGRAM

Name of Program DUI Program License Number

Address Telephone

3. RECEIVING PROGRAM

Name of Program DUI Program License Number

Address Telephone

4. PROGRAM REQUIREMENTS COMPLETED

____ Hours of Education ____ Face-to-Face Interviews (Length ____)
 ____ Hours of Group Counseling ____ Hours of Re-entry Activities

5. ADDITIONAL PROGRAM REQUIREMENTS (APRs)

G No APR Requirement

Program APRs _____

Court-Ordered APRs _____

Program APRs Completed _____

Court-ordered APRs Completed _____

(If the receiving DUI program has state-approved APRs, the participant will only be required to complete the APRs of the receiving program. APRs completed in the sending program shall be credited toward meeting the APR requirements of the receiving program.)

6. PARTICIPANT CERTIFICATION

I certify that the terms and conditions of a transfer to another state-licensed DUI program have been explained to me and I agree to enroll in the program identified in Section 3 by _____ and commence services by _____.

Signature of Participant Date

7. SENDING PROGRAM CERTIFICATION

I certify that the terms and conditions of a transfer to another state-licensed DUI program have been explained to the participant and the participant acknowledges receipt of the information.

Signature and Title of Program Representative Date

8. CONFIRMATION OF TRANSFER BY RECEIVING PROGRAM

I certify that the above-named DUI program participant

G enrolled on _____.

G DID NOT enroll by the date specified in Section 6.

G commenced participation on _____.

G DID NOT commence participation by the date specified in Section 6.

Signature and Title of Program Representative Date

PARTICIPANT INFORMATION SUMMARY

1. Program Level <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> G First Offender G 12-Month Multiple Offender G 18-Month Multiple Offender G 30-Month Multiple Offender </div> <div style="width: 60%;"> G <u>First Offender Sentenced by Court to Complete</u> <i>(check one)</i> <div style="display: flex; justify-content: space-around;"> G 6 Months G 9 Months G 12 Months </div> </div> </div>	
2. Enrollment Date (Month) (Day) (Year) <div style="display: flex; justify-content: space-around;"> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> </div>	3. Total Participation Time <i>(Excluding time on leave of absence or dismissal from program.)</i> <div style="display: flex; justify-content: space-around;"> <div style="border-bottom: 1px solid black; width: 40px;"></div> Calendar Months <div style="border-bottom: 1px solid black; width: 40px;"></div> Weeks </div>
4. Total Number of Absences from Program _____	
5. Dismissal From Program <i>(if applicable)</i>	
#Date of Dismissal: _____	Date of Reinstatement: _____
Reason: _____	
#Date of Dismissal: _____	Date of Reinstatement: _____
Reason: _____	
6. Leave of Absence From Program <i>(if applicable)</i>	
#Beginning Date: _____	Ending Date: _____
Reason: _____	
#Beginning Date: _____	Ending Date: _____
Reason: _____	
7. Court of Conviction <i>(Name, address)</i> <div style="height: 40px;"></div>	8. Court Docket Number or Other Identifier <div style="height: 20px;"></div> 9. Driver's License Number <div style="height: 20px;"></div>
10. Probation <div style="display: flex; justify-content: space-around;"> G Formal G Summary G None </div>	11. Alcohol Assessment G Yes G No Date Conducted: ____/____/____ Copy Attached: Yes No If no copy attached, please indicate results:
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 12. Additional Information/Comments (a) Blood Alcohol Content _____ (b) Refund due _____ (c) Balance owed _____ </div> <div style="width: 50%;"> 13. Participant=s Mailing Address <div style="height: 40px;"></div> Home phone () _____ Work phone () _____ </div> </div>	